

THRIFT SAVINGS PLAN

Request for Retroactive Contributions

EMPLOYEE'S NAME

SOCIAL SECURITY NO.

DATE

Due to an administrative error, insufficient or no deductions were withheld from your salary for deposit to your Thrift Savings Plan (TSP) Account. The amount of retroactive contributions is \$ _____.

I certify that the above adjustment is the result of an administrative error, that occurred for _____ number of pay periods.

CERTIFYING OFFICIAL

OFFICE / CODE

DATE

PRIVACY ACT STATEMENT

Under the authority of Title 5, U.S. Code Chapter 84, Subchapter III, the Federal Employees' Retirement System Thrift Savings Plan (TSP), information is requested regarding retroactive contributions to your TSP account. This information is being requested because the amount shown above was not deducted from your salary for deposit in your Thrift Savings Plan Account. You are not required to provide this information, but if you do not complete the form, we will be unable to correct this error. A copy of the completed form will be placed in your Personnel Folder. Your Social Security number identifies your TSP account.

You are also advised, that pursuant to the Privacy Act of 1974, Title 5, U.S. Code Section 552a, this information may be shared with other Federal, state and local agencies to determine benefits under their programs, to obtain information necessary under this program, or to report income for tax purposes. In addition, we may share this information with the Parent Locator Service, Department of Health and Human Services, for the purpose of enforcing child support obligations against the TSP participant. We may share this information with law enforcement agencies when they are investigating a violation of civil or criminal law. We may give this information to financial institutions, private sector audit firms, annuity vendors, current spouses and, to a limited extent, former spouses and beneficiaries. Finally, this information may also be disclosed to others on your written request.

PART A -- REQUEST FOR RETROACTIVE CONTRIBUTIONS

Instructions to employee: You must complete this section to authorize or decline payment of retroactive contributions. Sign and date in the space provided. RETURN THIS FORM TO YOUR PAYROLL OFFICE WITHIN 30 DAYS OF RECEIPT. A copy of this form will be sent to your personnel office and filed with your TSP Election Form.

1. ☐ I do NOT wish to have retroactive contributions withheld from my salary for deposit to my TSP Account.
2. ☐ I wish to have retroactive contributions withheld from my salary for deposit to my TSP Account. Please make the deductions over _____ pay periods. (The number of pay periods may not exceed 4 times the number of pay periods over which the error occurred as indicated above.)
3. ☐ Should I leave the Department of the Navy prior to completing these deductions:
☐ End deductions ☐ Take the balance due from my final paycheck

Public Law 101-335 does not authorize agencies to pay any lost earnings attributable to employee contributions that were not deducted from an employee's paycheck.

EMPLOYEE'S SIGNATURE_____
DATE

PART B -- TERMINATION OF RETROACTIVE CONTRIBUTIONS

- ☐ I wish to terminate my deduction for past due contributions. I understand that this decision is irrevocable.
(This form will be sent to your Payroll Office and a copy filed with your TSP Election Form.)

EMPLOYEE'S SIGNATURE_____
DATE